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Interview with Brenda Stone

Brenda Stone

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**LOUISE PETTUS ARCHIVES AND SPECIAL COLLECTIONS
ORAL HISTORY PROJECT**

**Interview #326
STONE, Brenda**

STONE, Brenda

Former South Carolina DHEC staff, affiliated with sickle cell programs around South Carolina

Interviewed: June 13, 1984

Interviewer: Michael Cooke

Index by: Alyssa Jones

Length: 20 minutes, 22 seconds

Abstract: In her June 1984 interview with Michael Cooke, Brenda Stone discussed her work with DHEC and her relationship with the community organizations that dealt with sickle cell. Stone discussed topics of DHEC's role in handling sickle cell patients, the community organizations, and sickle cell patient care. This interview was conducted for inclusion into the Louise Pettus Archives and Special Collections Oral History Program.

Keywords: Sickle cell anemia, Department of Health and Environmental Control (DHEC)

Interview Session (June 13, 1984): Digital File

Time	Keywords
00:00:00	<i>Start of Interview</i> /Interviewer's Introduction
00:00:29	<i>Question:</i> Can you give us a brief biographical sketch of your life? <i>Answer:</i> [audio muffled]
00:01:07	<i>Question:</i> When did you become involved in DHEC's sickle cell project? <i>Answer:</i> [audio still muffled]
00:01:42	<i>Question:</i> What became your responsibilities? <i>Answer:</i> [audio still muffled]
00:02:34	<i>Question:</i> How has DHEC's role changed through the years? <i>Answer:</i> [audio muffled until 00:03:52] BS was discussing dealing with sickle cell patients as whole people and not just their disorder.
00:04:10	<i>Question:</i> Did you also see, through time, more people working in sickle cell? <i>Answer:</i> In terms of principally sickle cell staff, no, the opposite was true. Once sickle cell was under the Crippled Children's department, the strictly sickle cell staff shrank.

- 00:05:21 *Question:* Did your role increase as well over the years? *Answer:* BS said her role changed quite a bit. She went from just being over sickle cell to dealing with all of the childhood diseases, including cystic fibrosis.
- 00:05:55 *Question:* How did sickle cell fit in in this changing priority? *Answer:* BS did not think that it suffered. She thought that more was being done in the clinics and community organizations, but she was aware that there was not enough money to do everything for every disorder or disease.
- 00:06:50 *Question:* Did you come in close contact with these community groups in South Carolina? *Answer:* BS said her contact with them was fairly close, but there was no official mandate to cooperate with the groups. However, she was very interested in them, so she worked with them to help the groups function.
- 00:08:06 *Question:* What kinds of needs did these organizations have? *Answer:* BS said they were all volunteer groups and there was no funding. They were also not sophisticated enough to handle what they were doing; screening, educating, and counseling.
- 00:08:49 *Question:* What organizations come to mind that you had in-depth relations with? *Answer:* The Rock Hill organization, the Columbia organization, and the group out of Sumter. For a time, she worked with a group out of the Appalachian. BS said it was easier for those groups to function and have contact with DHEC because they had federal funding.
- 00:10:20 *Question:* Many of the organizations are no longer in existence, but there are a good number that are still functioning. Why do you think some failed and others thrived? What are some of the characteristics and those that survived? What are characteristics of those that failed? *Answer:* BS was unsure, but listed some possible causes for failure: interest, initial founding, and participation by affected individuals. BS said that the biggest factor, in her opinion, would be why the organization was developed in the beginning and how well it was organized in those initial stages.
- 00:11:29 *Question:* Who were some of the key individuals that stick out in your mind from these community groups? Who were really the heart and soul of the groups? Who provided leadership? Were some of these individuals able to contribute ideas that DHEC could use? *Answer:* BS said that the committee meetings were a time for sharing, in which the groups addressed problems that DHEC overlooked. The committee members could lobby their representatives and members of the legislature, which BS, as a state employee, could not do.
- 00:12:53 *Question:* How do you characterize the cooperation between DHEC and the community groups? *Answer:* BS thought that overall, good. It was a cooperative effort and they were working together to make life better for sickle cell sufferers.

- 00:15:03 *Question:* So that was around 1982? *Answer:* The late '80s were when the community organizations had separate, independent counsel when representatives met with DHEC.
- 00:16:06 *Question:* Did DHEC support some of these organizations as far as bringing them to workshops? *Answer:* BS said they (community organizations) did not have workshops that were sponsored for them, but they did have access to the state personnel to sponsor workshops. DHEC did workshops for the community organization members.
- 00:16:37 *Question:* Was there a community group in Greenville? *Answer:* Yes, at one point. BS said that it fizzled out, but recalled that the founder was a chemist.
- 00:17:19 *Question:* What were some of the primary objectives of the sickle cell groups and DHEC? Were they in mesh or did they have a different set of priorities during the 1970s? *Answer:* BS said that some of the objectives were the same, but she could not speak on the priorities.
- 00:18:36 *Question:* What were the priorities of the community groups in the '70s? Can you perceive a pattern? *Answer:* BS could not say she saw a pattern.
- 00:18:54 *Question:* We're talking about so many groups. *Answer:* BS said there used to be five or six groups, but the numbers had fallen to about three very involved and highly functioning groups. BS said that principally, their priorities were the same. They were most interested in educating everyone; teachers, medical staff, legislators, patients, and the general community.
- 00:20:22 *End of interview*